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SERIAL NUMBER 10/826,994	FILING OR 371(c) DATE 04/19/2004 RULE	CLASS 436	GROUP ART UNIT 1743	ATTORNEY DOCKET NO. P-21018.00
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** CONTINUING DATA *****

mw

** FOREIGN APPLICATIONS *****

mw

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/26/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance
Verified and Acknowledged	Examiner's Signature <i>mw</i> Initials
STATE OR COUNTRY	STATE OR COUNTRY MN
Sheets Drawing	Sheets Drawing 14
Total Claims	Total Claims 43
Independent Claims	Independent Claims 4

ADDRESS

27581

TITLE

Blood coagulation test cartridge, system, and method

FILING FEE RECEIVED 1400	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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